

**New Jersey Department of Health and Senior Services  
Financial Services**

**INSTRUCTIONS FOR COMPLETING  
NOTIFICATION OF LICENSED PUBLIC ACCOUNTANT (FS-27) FORM**

The Department of Health and Senior Services has been designated by the New Jersey Department of Treasury as the Cognizant Audit Agency for your organization. Under separate cover the Department's Audit Policy Statement represents our position related to Financial and Compliance audits of funds received from the State of New Jersey.

The following instructions are provided to assist you in completing the form.

**GENERAL INFORMATION**

- **Provider Agency Name** – complete your organization official name as shown for your designated Federal ID number.
- **Agency Fiscal Year** – indicate the month and day that your fiscal year ends.
- **Charities Registration No.** – assigned to private non-profit agencies under the Charitable Fund Raising Act of 1971 (N.J.S.A. 45:17A-1 et. seq.).
- **Federal ID No.** – is the number assigned by the Internal Review Service for your organization.

**SECTION I**

Identify on a separate line each award of funds received from agencies of the State of New Jersey.

**Department** – name of agency, i.e. "Health and Senior Services," "Human Services."

**Contract/Grant No.** – provide the identification number as shown on the award document, for Health and Senior Services it would be indicated as numbers and letters such as 98-123-ABC-00.

**Catalogue of Federal Domestic Assistance No.(s)/Funding Authorization** – the Department of Health and Senior Services provides this number on the cover page of each award, for other departments it may be necessary to contact the awarding agency for this information. If funding support is not identified as Federal funds or matching funds for a Federal award, this column should state "N/A."

**Period of Award** – from the awarding document, identify the month, day and year each award begins and ends.

**Amount of Award** – this information is on the cover page of the awarding document.

## **SECTION II**

Identify on a separate line each award your organization received directly from a Federal agency.

**Federal Agency** – name of agency, i.e. “Agriculture,” “Health and Senior Services,” and “Human Services.”

**Contract or Grant No.** – provide the number from the awarding document.

**Catalog of Federal Domestic Assistance/Funding Authorization No(s)** – the number is usually shown on the awarding document, if not contact the awarding agency.

**Period of Award** – from the awarding document, identify the month, day and year that each award begins and ends.

**Amount of Award** – from the awarding document identify the amount given and indicate any matching or cost sharing required under the award.

NOTE: If your agency receives funds from sources other than the State or Federal government, prepare a separate schedule with the pertinent information related to the award. Attach this schedule to the form. Other sources could be client fees, donations, awards from local agencies (for example, The United Way), or local government agencies.

## **SECTION III – LICENSED PUBLIC ACCOUNTANT**

This section is designed for your independent accountant to complete jointly with agency management. The completion of this section should be made only after your organization has received an engagement letter from the accountant who will perform the audit. A copy of the latest Peer/Quality Review is to be submitted with this form.

This form should be completed, signed and mailed to the Department of Health and Senior Services at least three (3) months prior to the end of your fiscal year. If you should have any questions or if clarification is needed, please contact the Chief of the Audit Program at (609) 588-7452.

### **Submit the copy to:**

New Jersey Department of Health and Senior Services  
Financial Services  
P.O. Box 360  
Trenton, NJ 08625-0360

Reference: The Audit Policy Statement is available from the address shown above.